Megavoltage Radiation Therapy (MRT) *Workgroup*
Discussion Items – Working Document

MRT WORKGROUP ISSUES	DISCUSSION POINTS	MEETING SUMMARY
Issue 1: Review proton therapy technology	**February 12, 2008** Objective: A. Define "need" for proton accelerator units. B. Develop a collaborative approach for responding to "need". Review of Materials: A. NY Times Article (December 26, 2007): "Hospitals Look to Nuclear Tool to Fight Cancer" B. Gongwer News (January 24, 2008): "Needs Commission Trying to Stop Race to Buy $100M Machines" C. Journal of Clinical Oncology (January 10, 2008): "Should Randomized Clinical Trials be Required for Proton Radiotherapy?" Brief Presentations: A. Dr. Howard Sandler, Department of Radiation Oncology – University of Michigan: "Principles of Radiation Therapy" Summary Points: • Proton therapy has the potential to be beneficial to cancer patients, especially for pediatric cases. • Benefit for prostate cancer not established. B. Dr. Alvaro Martinez, Department of Radiation	**February 12, 2008** General Consensus: - Yes, Michigan needs a proton therapy center. - All patients would be assured access to the services at the proton therapy center. - It should be developed based upon a collaborative process. - Need a set of standards; anyone who gets a CON should participate in some evaluative process to assess value. - The applicant group would be a consortium consisting of Michigan hospitals with high volume MRT programs, as well as any other hospital interested in joining. - Need to ensure broad geographic representation within the consortium; requiring a minimum participation of at least four high volume MRT programs from HSA 1 (Southeast Michigan) and at least one high volume MRT program from at least four of the seven other HSAs in Michigan. - Need to ensure that major pediatric cancer centers be included. - The consortium operating the proton therapy center would be obligated by its approved CON to report data related to utilization and indications of efficacy of the treatment (such as dosimetry data, etc.). - Request the Department to calculate the MRT

MRT WORKGROUP ISSUES	DISCUSSION POINTS	MEETING SUMMARY
	Oncology – Beaumont Hospital: "Proton Beam Therapy (PBT) & Cancer Treatment in MI" Summary Points: • Proton beam therapy results in significantly more precise cancer treatment. • PBT is the standard of care for pediatric cancers because of reduced side effects. • PBT use in other sites is rapidly increasing (only economics prevents widespread use currently). • As data accumulate showing superiority, PBT demand will increase significantly. • As costs reduce to produce and utilize PBT, demand will increase significantly. • PBT will become the standard of care within the next decade. General Discussion Points: - Number of treatment courses for proton therapy versus conventional radiation therapy is about the same; dose being used is also similar. - Primary concern for proton therapy is cost issue. - Participant indicated that CMS pays approximately $50,000/patient for proton therapy - In 2010, it is predicted that the Medicare budget for Oncology will be #1. - Concern raised that investing in something as costly as proton therapy is troubling if it is not the standard of care yet. - Suggestion that the proton therapy center in neighboring Indiana could take the Michigan load, and that Michigan could focus on addressing the challenges for patients needing to	Equivalent Treatment Visit (ETV) data for 2006, in order to appropriately determine the high volume MRT programs. - Request the Department to bring back draft language for initiation of a proton therapy center at the February 26, 2008 MRT workgroup meeting, to be based upon the ideas/consensus reached today. - Following the February 26, 2008 meeting, further discussion needed to provide details required of a proton therapy center, define the consortium and participation requirements, etc. Recommendations would be brought back to the CON Commission.

MRT WORKGROUP ISSUES	DISCUSSION POINTS	MEETING SUMMARY
	travel for care; response that it is very uprooting for the patient and family to travel elsewhere for treatments that can take months. - Point raised that even just one or two centers in Michigan would not ensure access for all of the State's population. - Question raised, that as radiation oncologists, do we believe that Michigan needs this technology? Consensus response was a qualified Yes. - Suggestion that a potential proton therapy center in Michigan would have 2-3 rotational gantries and a fixed beam. Need to have functional capacity for pediatrics, of course, and adults as we move in that direction. - Question raised regarding evidence of proton therapy being better than IMRT, the latter being available at most MRT services. One response that target point is not the issue, it is the surrounding tissue; the issue is the dose impacting normal tissue and the effect on quality of life. Another response that there is thin evidence that IMRT is even better than 3D therapy for many cases, but IMRT is still used in most circumstances. A third response that the evidence is not strong enough yet (except for the unequivocal evidence of benefit to the pediatric population), and a question for the medical community to ponder… how strong should evidence be before integrating new technologies into medicine? - Point raised again that the real issue is the COST.	